

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR TORM LIMITED OFFERING EXEMPT

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OMB	APF	ROV	/AL		
OMB Num	ber:		323	5-00	76
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UNII	FORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an ainc	endment and name has changed, and indicate change.)	
Private Placement of Common Stock	In Low Control of the	- Flux on
Filing Under (Check box(es) that apply): Type of Filing: New Filing Amend	Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	issuer	
Name of Issuer (check if this is an amend People's Liberation, Inc.	ment and name has changed, and indicate change.)	07087054
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
150 W. Jefferson Boulevard, Los Angeles		(213) 745-2123
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	,	
Apparel		PROCESSED
	imited partnership, already formed other (please specify): DEC 2 8 2007
Actual or Estimated Date of Incorporation or O Jurisdiction of Incorporation or Organization:	Month Year rganization: 112 812 Actual Esti (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON THOMSON FINANCIAL TO DIE
GENERAL INSTRUCTIONS		
77d(6).	f securities in reliance on an exemption under Regulation D than 15 days after the first sale of securities in the offering	-
and Exchange Commission (SEC) on the earlier	of the date it is received by the SEC at the address given bailed States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange	Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice photocopies of the manually signed copy or beautiful c	must be filed with the SEC, one of which must be manual at typed or printed signatures.	lly signed. Any copies not manually signed must be
• •	ain all information requested. Amendments need only reposition and material changes from the information previously suppose	
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form. Issue are to be, or have been made. If a state require	in the Uniform Limited Offering Exemption (ULOE) for a respective on ULOE must file a separate notice with the rest the payment of a fee as a precondition to the claim for ed in the appropriate states in accordance with state law	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
Pathona to the national	ATTENTION	
	te states will not result in a loss of the federal e sult in a loss of an available state exemption unl	

A. BASIC IDENTIFICATION DATA
Enter the information requested for the following:
Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the iss
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each executive officer and director of corporate issuers.
Each general and managing partner of partnership issuers.
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
ull Name (Last name first, if individual) Dyne, Colin
usiness or Residence Address (Number and Street, City, State, Zip Code) 50 W. Jefferson Boulevard, Los Angeles, CA 90007
heck Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner
ull Name (Last name first, if individual) Barber, Darryn
usiness or Residence Address (Number and Street, City, State, Zip Code) 50 W. Jefferson Boulevard, Los Angeles, CA 90007
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
ull Name (Last name first, if individual) Nields, Thomas B.
susiness or Residence Address (Number and Street, City, State, Zip Code)
50 W. Jefferson Boulevard, Los Angeles, CA 90007
theck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
ull Name (Last name first, if individual)
Vengrod, Kenneth L.
tusiness or Residence Address (Number and Street, City, State, Zip Code) 150 W. Jefferson Boulevard, Los Angeles, CA 90007
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
uil Name (Last name first, if individual) Dakey, Dean Scott
Business or Residence Address (Number and Street, City, State, Zip Code) 150 W. Jefferson Boulevard, Los Angeles, CA 90007
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
ull Name (Last name first, if individual) White, Susan A.
Business or Residence Address (Number and Street, City. State, Zip Code) 150 W. Jefferson Boulevard, Los Angeles, CA 90007
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
rull Name (Last name first, if individual) Carter, Troy L.
Business or Residence Address (Number and Street, City. State, Zip Code)

A A STATE OF		A. BASIC IDE	NTIFICATION DATA	•	
2. Enter the information re	quested for the foll	owing:			
Each promoter of t	he issuer, if the iss	uer has been organized w	ithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or dir	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
			corporate general and man		
		partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or
.,,,	Г			_	Managing Partner
Full Name (Last name first, i Guez, Daniel	f individual)				
Business or Residence Addre 150 W. Jefferson Boulev	•	Street, City, State, Zip Co s, CA 90007	ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	 	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		

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1.	Hae the	iccuer cold	l, or does th	a icenar ir	uand to se	Il to non-ne	coredited in	nvestors in	this offeri	na?		Yes	No X
1.	rias tile	1220CL 2010	r, or does u			. Appendix,				-	****************	L	
2.	What is	the minim	um investm			• •		=				\$	
												Yes	No
3.			permit joint									R	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remunes ted is an ass ame of the b you may se	ration for s sociated pe roker or de	olicitation rson or age caler. If mo	of purchase int of a brok ore than five	ers in conne er or deale c (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	l Street, Ci	ity, State, Z	ip Code)	.,,	<u> </u>				
Nai	me of As	sociated Br	roker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	s" or check	individual	States)	***************************************	*****************	**************		***************************************		☐ Al	l States
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Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (Number an	d Street, C	City, State, I	Zip Code)						
Nai	me of As	sociated B	roker or De	aler									
Sta	tes in Wi	nich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individua	States)				•••••••••			☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR) KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	ites in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			· · · · ·			
	(Check	"All State	s" or check	individua	l States)		······································		***************************************			☐ A1	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt			\$
	Equity	\$_530,000.00		s_530,000.00
	Common Preferred			
	Convertible Securities (including warrants)	s		s
	Partnership Interests	s		\$
	Other (Specify)	s	_	\$
	Total	\$ 530,000.00	_	\$ 530,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
	ı	Investors		of Purchases
	Accredited Investors			\$ 530,000.00
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•		
	Transfer Agent's Fees		Z	s_1,000.00
	Printing and Engraving Costs			s
	Legal Fees		Ø	\$_20,000.00
	Accounting Fees		7	\$_6,000.00
	Engineering Fees			s
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			s
	Total			\$ 27,000.00

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	The stage of the stage of the
	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross	,	\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$. 🗆 \$
	Purchase of real estate] s	. 🗆 \$
	Purchase, rental or leasing and installation of mach and equipment	inery	¬ c	□ ¢
	Construction or leasing of plant buildings and facil	-		
	Acquisition of other businesses (including the value	_	_] *	- [] "
	offering that may be used in exchange for the assets issuer pursuant to a merger)	s or securities of another	- 1 c	
	Repayment of indebtedness	-		
	Working capital			
	Other (specify):			
			s	🗆 \$
	Column Totals			
	Total Payments Listed (column totals added)	•		03,000.00
	- Company of the comp	D. FEDERAL SIGNATURE		
sigi	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commis	sion, upon writte	ule 505, the following en request of its staff,
Issu	er (Print or Type)	Signature 1	Date	
Pe	ople's Liberation, Inc.	1Ha	12/14/3	ภ
Na	ne of Signer (Print or Type)	Title of Signer (Drint or Type)		
Dar	yn Barber	Chief Financial Officer		

-- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes 🔲	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
People's Liberation, Inc.	12/14/07
Name (Print or Type)	Title (Print or Type)
Darryn Barber	Chief Financial Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Intend to sell to non-accredited investors in State (Part B-Item 1) State Yes No No No Non-Accredited Investors Amount AL AK AZ	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) unt Yes No
State Yes No Accredited Investors Amount Investors Amount AK	unt Yes No
AK AK	
AZ I	
	<u> </u>
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CA Common Stock 3 \$280,000.00 0 \$0.00	K
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	APPENDIX										
1	to non-ac	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount put	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
мо											
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APPENDIX									
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3	4				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

